U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

# FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number **U** - 5657

#### READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	State-separation (State-state-state (State-state-state) (State-s
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name Jerry D Wilson	Name Iron Workers Local Union No. 710
	Labor Organization File Number 052-741
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 817 N. 4th Street	Street 1601 Southern Avenue
City West Monroe	City Monroe
State Louisiana ZIP Code + 4 71291	State Louisiana ZIP Code + 4 71202
5. Position in labor organization. Fin. Sec./ Treas./ Bus. Manag	er
Enter appropriate data below if, during the past fiscal year, you or your spot	
(except as specified in the exclu	sions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or or monetary value from an employer whose employees your organization.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
I rade Name It any to the second of the seco	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
	7.b. Amount.
P.O. Box, Bldg., Room No., if any	7.b. Amount.
P.O. Box, Bldg., Room No., if any Street	7.b. Amount.
P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	7.b. Amount.
P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	ature Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the
P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the sec	Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the ction on penalties in the instructions.)
P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	ature Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the

Name of Person Filing Jerry Wilson		File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business wely seeking to represent, or lirectly to, or otherwise	S
8. Name and address of Business (including trade name, if any).  Name Iron Workers Welfare Fund  Trade Name, if any:  P.O. Box, Bldg.; Room No., if any Suite 517  Street 2450 Severn Avenue  City Metairie  State Louisiana ZIP Code + 4 70001  10. If 9.b. or 9.c. is checked give trust or employer's name.  Name	9. Business deals with:  X a. Labor Organiza b. Trust c. Employer  11.a. Nature of such deali	
P.O. Box, Bldg., Room No., if any Street		
	11.b. Approximate dollar valu	ue of such dealing.
City	12.a. Nature of interest hel	
State ZIP Code + 4	Working lunch rece Trustee Meetings. 1-8-04; \$11.36 8-5-04; \$10.02	ived in conjunction with Board of
	12.b. Amount.	\$21
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above)	\$21
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant	r parts A and B above)	\$21
or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	\$21
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant	er parts A and B above) or other thing of value.	\$21
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	er parts A and B above) or other thing of value.	\$21
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name	er parts A and B above) or other thing of value.	\$21
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:	er parts A and B above) or other thing of value.	\$21
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	er parts A and B above) or other thing of value.	\$21
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	er parts A and B above) or other thing of value.	\$21
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	er parts A and B above) or other thing of value.	\$21

Name of Person Filing Jerry Wilson	File Number <b>U</b> -
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#### Part B Continuation Page

	9. Business deals with:	
Name and address of Business (including trade name, if any).	9. Dusiness deals with.	
Name Iron Workers Mid-South Pension Fund	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any Suite 517	b. Trust	
Street 2450 Severn Avenue	c. Employer	
City Metairie		
State Louisiana ZIP Code + 4 70001		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Retirement Plan for Members of Loc	al 710.
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Working lunch in conjunction with Meetings: 3-24-04; \$17.56 7-12-04; \$24.78 7-13-04; \$25.12 9-29-04; \$33.00	Board of Trustee
	International Foundation of Employ Educational Conference registration deposit: 9-17-04; \$1,310.00	
	12.b. Amount.	\$1,410

Name of Person Filing	Jerry	Wilson
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#### Part B Continuation Page

8. Name and address of Business (including trade name, if any).  Name Zenith Administrators  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 517  Street 2450 Severn Avenue  City Metairie  State Louisiana ZIP Code + 4 70001	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Iron Workers Mid-South Pension Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 517  Street 2450 Severn Avenue  City Metairie	Pension Plan Administrator	
State Louisiana ZIP Code + 4 70001	11.b. Approximate dollar value of such dealing.	\$319,672
	12.a. Nature of interest held or income received.	
	Co-Sponsor for dinner held in conj Trustee meeting: 7-12-04; \$18.83	unction with
	12.b. Amount.	\$19

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#### Part B Continuation Page

C Name and address of Ductions (including trade pages if any)	9. Business deals with:	
Name and address of Business (including trade name, if any).	5. <b>23</b>	
Name Robein, Urann, & Lurye	a. Labor Organization	
Trade Name, if any:	Ended -	
P.O. Box, Bldg., Room No., if any Suite 400	b. Trust	
Street 2540 Severn Avenue	c. Employer	
City Metairie		
State Louisiana ZIP Code + 4 70002		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Iron Workers Mid-South Pension Fund	Pension Plan Attorney	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any Suite 517		
Street 2450 Severn Avenue		
City Metairie		
State Louisiana ZIP Code + 4 70001	11.b. Approximate dollar value of such dealing.	\$106,783
	12.a. Nature of interest held or income received.	
	Co-Sponsor for dinner held in conj Trustee meeting: 7-12-04; \$18.83 Christmas Basket: 12-9-04; \$36.95	unction with
	12.b. Amount.	\$56

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### Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name ASB Capital Management	a. Labor Organization	
Trade Name, if any:	d. 2000 Giganization	
P.O. Box, Bldg., Room No., if any Suite 310	b. Trust	
Street 1919 M Street, NW	c. Employer	
City Washington		
State District of Columbia ZIP Code + 4 20036		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Iron Workers Mid-South Pension Fund	Business solicitation	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any Suite 517		
Street 2450 Severn Avenue		
City Metairie		
State Louisiana ZIP Code + 4 70001	11.b. Approximate dollar value of such dealing.	\$0
	12.a. Nature of interest held or income received.	20 miles de 15 de mais de 25 de 26 de 2
	Business dinner: 3-4-04; \$48.00	
	12.b. Amount.	\$48

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#### **Part B Continuation Page**

8. Name and address of Business (including trade name, if any).  Name Landon Butler & Company  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 925  Street 700 Thirteenth Street, NW	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
City Washington  State District of Columbia ZIP Code + 4 20005		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Iron Workers Mid-South Pension Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 517  Street 2450 Severn Avenue  City Metairie	Business solicitation	
State Louisiana ZIP Code + 4 70001	11.b. Approximate dollar value of such dealing.	\$0
	12.a. Nature of interest held or income received.  Business dinner: 3-24-04; approximately \$50 to \$75	
	12.b. Amount.	\$50

Name of Person Filing Jer	rrv Wilson	
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## Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Principal Capital Management, LLC	a. Labor Organization	
Trade Name, if any:	gramman .	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 801 Grand Street	c. Employer	
City Des Moines		
State Iowa ZIP Code + 4 50392		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing. Business solicitation	
Name Iron Workers Mid-South Pension Fund		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any Suite 517		
Street 2450 Severn Avenue		
City Metairie		
State Louisiana ZIP Code + 4 70001	11.b. Approximate dollar value of such dealing.	\$0
	12.a. Nature of interest held or income received.	
	Business dinner: 9-29-04; approximately \$50 to \$75	
	12.b. Amount.	\$50

Name of Person Filing	Jerry	Wilson
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#### Part B Continuation Page

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8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Oppenheimer Capital	a. Labor Organization		
Trade Name, if any:	<b>X</b> b. Trust		
P.O. Box, Bldg., Room No., if any	b. Trust		
Street 1345 Avenue of the Americas	c. Employer		
City New York			
State New York ZIP Code + 4 10105			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Iron Workers Mid-South Pension Fund	Investment Manager for Pension Fund		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any Suite 517			
Street 2450 Severn Avenue			
City Metairie			
State Louisiana ZIP Code + 4 70001	11.b. Approximate dollar value of such dealing.	\$33,364	
	12.a. Nature of interest held or income received.	and the second state of th	
	Business dinner for Trustees: 12-1-04; approximately \$50 to \$75		
	12.b. Amount.	\$50	